RD. Every item of inforstated EXACTLY. PHYSICIANS snow. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. TION is very important. -WRITE PL V. S. No. 1

STATE OF	MARYLAND—	CERTIFICATE OF DEATH	443
1. PLACE OF DEATH			士士门
County Caroline.		Registration Dist. No. 64	
Village or City Federalsbu	rg,	No. St., f death occurred in a horpital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where death		ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Hettie A	. Carroll.	If U.S. Veteran specify WAR	*********
	3	St., Ward. If nonresident give city or town and St	late
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH June 22nd. (Month) (Day)	193.5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry H. C	arroll, dec'd.	22. HEREBY CERTIFY, Thet I attended de June 21, 1933, to Sum 22	ceased from
6. DATE OF BIRTH (month, day, and year) Abo	out 1861	Illast saw hor alive on June 122, 1935;	death is said
7. AGE Years Months About 74 yrs.	Days If LESS than 1 day,hrs.	To have occurred on the date stated above, at 2-107+ A.\ The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular		were as follows:	Oate of onset
kind of work done, as SPINNER, HOL	use-work	Olivenic pays cardely	P
9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Will Hy stensien	
kind of work done, as SPINNER, HOL SAWYER, BOOKKEEPER, etc HOL SAWYER, BOOKKEEPER, etc HOL SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month end	11. Total time (years)	- A//U	
O this occupation (month end year)	spent in this		
,,	line Co.	Other Cantributory Causes of Importance:	
(State or country)	Md.	() (P)	
13. NAME Benjamin N	line Co.	Jacana.	
(State of country)	Md.	Name of operation Oate of Oate	opsy? NO
15. MAIDEN NAME Esther		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Esther Caro. 16. BIRTHPLACE (city or town) Caro. (State or country)	line Co.	Accident, suicide, or homloide?	, 19
17. INFORMANT Miss Helen (Address) Federalsbur		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL PlaceFederal Bburg, Md. of		Manner of injury	
19. UNDERTAKER J.T. Framptom (Address) Federalsbur	& Son.	24. Was disease or injury in any way related to occupation of deceased?	ð
20. FILED June 23rd, 1935 5.5	5. Fran Jotom	(Signed) W. Saffy Many Many Many Many Many Many Many Man	M. 0

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEALL W. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 06444
1. PLACE OF DEATH County Caroline	Registration Dist. No. 67
Village or City Dealow Mary land.	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1 17	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Ommet D. C. Negeman	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Male Market	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (ac) WHFF of Waltie V. Negernace. 6. DATE OF BIRTH (month, day, and year) May 23, 1859	1 HEREBY CERTIFY. That I attended decaased from 1 HEREBY CERTIFY. That I attended decaased from 1 I last saw have alive on form of the said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chimay form: mitral regungitation.
SAW MILL, BANK, etc	The state of the
12. BIRTHPLACE (city or town) Clarace, Selinai. (Stata or country)	Other Contributory Causes of Importance:
13. NAME Segman Acoms.	
13. NAME Segment. 14. BIRTHPLACE (city or town) (State or country)	Name af operation Date of Was thera an autopsy?
15. MAIDEN NAME Elizabeth Craig 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, sulcida, or homicida?
17. INFORMANT Vallie W. Wageman (Address) 18. BURIAL, CREMATION, OR REMOVAL) 18. BURIAL, CREMATION, OR REMOVAL	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE. Manner of injury
Place Taurel, Welaware Date June 94, 1935	Natura of injury
19. UNDERTAKER Pollis Chick Maryland	24. Was disease of injury in any way related to occupation of deceased?
20. FILED 6-8 , 19.35 / 14 All George Sistrar.	(Signed) Multing M. (Address) Ruling / M. (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	NTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 1000 should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? vrs. mos. ds. Length of rasidence in city or town where death occurred PHYSI Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) Days If LESS than 7. AGE Months to have occurred on the date stated above. 1 day,____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. 8. Trede, profession, or particuler NO kind of work dona, as SPINNER, RESERVED Jo SAWYER, BOOKKEEPER, etc. UPATI may back 9 Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... ŏ 10. Date deceased last worked et 11. Total time (years) this occupation (month af) spent in this occupation ... instructions Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (sity or town) (State or country) FATHER Neme of operation___ 14. BIRTH LACE (city or town) tate or country) What test confirmed diagnosis? carefully p MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: important in Accident, suicide, or homicide? OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY. In HOME, or In PUBLIC PLACE should 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Date. Nature of Injury. LION 24. Wes disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Was there an autopsy

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11.-The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A te	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	920
7)	County Carafine	Registration Dist. No.
tem of should of OCC	Village or City Suedo boro.	ND. St., Ward
/	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	0 1 21	ds. How long in U.S. if of foreign birth?yrsmosds
Every CIANS ement	2. FULL NAME / Semah Hevalon	
CORD. Every PHYSICIANS	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
B H t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT RECO	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Twrite the word) Male Married Marr	21. DATE OF DEATH (Month) (Day) (Year)
S E 1 2	5e. If merried, widowed, or divorced HUSBAND of	
OVA	(or) WIFE of Mary B. Hendlow	22. I HEREBY CERTIFY That I attended decessed from
	1 1.17 07 1000	Llast sew he statistics on 6/3 1986 death is sai
BJ PEJ Iy ate.	6. DATE OF BIRTH (month, day and year) 27-1872 7. AGE Years Months Days If LESS then	to have occurred on the dete steted above, at
FOR BI IS A PE stated E properly	I day hre	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance
FOR IS A stated proper	63 8 17 ormin.	were as follows Date of once
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, Farmer. SAWYER, BODKKEEPER, etc	One vices purished from
KK—T Should it may n back	work wes done, as SILK MILL, SAW MILL, BANK, etc	-
SSE INI Sh it it	To. Date decessed lest worked et this occupation (month and may 1,35 - spent in this occupation)	
RES NG I AGE that ions o	year) / / occupetion occupetion	Dther Contributary Causes of Importance:
ZA	12. BIRTHPLACE (city or town)	
MARGIN UNFADI supplied. n terms, so	(Stete or country)	unknown
MARGI UNFAI supplied. n terms,	13. NAME Dewalow.	
A D H T	13. NAME Dewal Theracount. 14. BIRTHPLACE (city or town).	Name of operation Dete of
ro	(State or country)	Whet test confirmed diegnosis? Wes there en eutopsy?
	15. MAIDEN NAME Valle Supple.	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
MLY, WI be careful EATH in pinnortant.	15. MAIDEN NAME Sallie Supple. 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of Injury, 19
LIN	(State or country)	Where did injury occur?
AINLY, Wid be careful DEATH in y important	17. INFORMANT Mrs. Mary B. Hevalow	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA Should OF D	(Address) Leveds two mod.	
shoul E OF	18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury
	Plece Kriews Fro Ma Dete June 14 19 85	Neture of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER R. B. Ramelinga.	24. Wes diseese or injury in any way related to occupation of deceased?
B. L. B. L. T. C. H. C. T. C. T. C. H. C. T. C. T. C. T. C. H. C. T. C.	(Address), Stellis the Md.	If so, specify
is is	3500A	(Signed) A Delver
» z	20. FILED 47. G. 1850 CLE ASSILLE Registrar.	(Address) Joldsmid Md
	If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	92-20
County Caroline	Registration Dist. No. 62
Village or City Zear Deschous	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME hurs Emable In	Elouel
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Security of the word of the color of the word of the color of the color of the color of the color of the word of the color	21. DATE OF DEATH 27 193 (Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND et (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Law, 6 1903	I last sew h alive on , 19 , 19 , deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, atm.
32 6 21 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Date of one of the same
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dete deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town). Deutloci (State or country)	Other Contributory Canses of importance:
13. NAME Stokert Lack	Name of operation Dete of
(State or country) (Maly seek	What test confirmed diagnosis? Wes there en eulopsy?
15. MAIOEN NAME Quida Triffic	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT 2005 Grand (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL. CREMATION. OR REMOVAL	
Place Venton Occore Jecel 3, 19 30	Manner of injury
19. UNDERTAKER J. Elizgel Droop	24. Was disease or injury in any way related to occupetion of deceesed?
20. FILED 6-30, 1935 Mm & 4 Yerra	(Signed) Muleur M. Multis M.D.
Registrar.	(Address) Olution my

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF D		OF MAR	YLAND-	CERTIFICATE OF DEATH	06449	
0				(154)	/	
				Registration Dist. No. 4		
Village or City	30+050	0.120.	(1	ND. St. St. f death occurred in a hospital or institution, give its NAME instead of street	and number)	
Length of residence	in city or town where	daath occurred	yrsmos	ds. How long in U.S. If of foraign birth?yrs	mosds.	
2. FULL NAME	BABY BO	V JOHN	YSON			
(a) Residence: N	o. (Gas	OSBOK (Usual place		St., Ward. If nonresident give city or town	a and State	
PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) BBBV				21. DATE OF DEATH JUNE 14 (Month) (Day)	, 193 5	
5a. If marriad, widowed, or HUSBAND of			1	(month) (Day)	(Year)	
(or) WIFE of				22. I HEREBY CERTIFY, That I atte		
		0	11/1621	, 19, to	•	
6. DATE OF BIRTH (month 7. AGE Yaars	, day, and year) Months	Days	14,1935	I last saw h	; death Is said	
	- months	- Deys	1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, o	8 Trade profession or particular		1010 63 (VIIVII).	Date of onset		
	one, as SPINNER, KEEPER, etc			PREMATURE BIRTH		
9 Industry or busine work was done SAW MILL, BAI	ss in which as SILK MILL, VK, etc			DEAD ON BRRIVEL		
SAW MILL, BAI	(month and	spa spa	ima (years) nt in this — upation	<i>/</i> *		
12. BIRTHPLACE (city or to		53080		Other Coutributory Causes of Importance:		
	CAROLINE		PARYLAND		1	
	ANT EMOR	1)	
14. BIRTHPLACE (city (MARY LA		Name of operation		
15. MAIDEN NAME	- /	da a	21/	What tast confirmed diagnosis? Was there		
I	ELDISE	BERK	7	23. If death was due to axternal causes (VIOLENCE) fill in also the foli		
16. BIRTHPLACE (city of		WELLY	LAND	Accidant, suicida, or homicide? Date of injury	, 19).	
17. INFORMANT GRANT JOHNEON				Whara did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address)	GOLDS B	ORO, M	ARYLAND			
18. BURIAL, CREMATION, OR REMOVAL Place God DS BORD Date JONE 14, 1933			XE14.193.1	Mannar of injury		
19. UNDERTAKER		7 at	teo	Nature of Injury 24. Was disaase or injury in any vary related to occupation of deceased if so, specify		
20 5450 111	1 m 15 5	n'mort	1240 11	(Signad) Nebles A Chorecan	Z	

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	***
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributes of t	
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	CIAN	V
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V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	6450
1. PLACE OF DEATH		723	OTOU
County Caralin		Registration Dist. No.	2
Village or City Reas	Deulan	NoSt., f death occurred in a hospital or institution, give its NAME instead of street an	Ward d number)
Length of residence in city or town where deat		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Too M	ia. Jal.	4.1.1	
	and forther		
(a) Residence: No.	(Usual place of abode)	St., Ward.	nd State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
French Bek.	OR DIVORCED (write the word)	Hame 13	193
5. Managarian midawada adinasada	married	(Month) (Day)	(Year)
5a. If married, widowed, or divorced). 0	22/ I HEREBY CERTIFY, That I, attend	ed deceased_from
(or) WIFE of Clas.	Muson	May 10 71935 10 June 13	1935
6. DATE OF BIRTH (month, day, and year)	nul. 30 0 1912	I last saw her alive on time 13,, 193	5 ; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
23 4	1 day,hrs.		
	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Hers	Treunothoras	6-13-3
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation		
year) > /	- Ocsupation	Other Contributory Causes of Importance:	1 5 00 =
12. BIRTHPLACE (city or town) Mean	Decelou	I cute Freumonic Stille	sep 5-4-36
(State or country)	aryland		
13. NAME Chas,	icres '	, '·	
13. NAME Clas 14. BIRTHPLACE (city or town)		Name of operation Date of	-
(State or country)	war land	What test confirmed diagnosis? Luncol Was there a	n autonate
15. MAIOEN NAME COATTIE	Tilolyin	23/1f death was due to external causes (VIOL ENCE) fill in also the follow	
15. MAIOEN NAME CEARRIE 16. BIRTHPLACE (city or town)	101.0	Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town)			, 13
- Country	154 10	Where did injury occur? (Specify city or town, county and S	State)
17. INFORMANT Clear CI	res palle	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
18, BURIAL, CRIMATION, OR REMOVAL	low -		
1/41 - 46.	Du hun 16 33	Manner of injury	
Place Jewis Lion	Date felle 19 , 19 D	Nature of injury	
19. UNOERTAKER LEURA	Musoon	24. Was disease or injury in any way related to occupation of deceased?	no,
(Address)	Denton. Zug	If so, specify	
1 18 0016	1104	(Signed)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06451
	(3)
County AROLINE	Registration Dist. No. 9/
Village or City Trees Took	No. St., Ward death occurred in a hospital or iostitution, give its NAME instead of street and number)
	ds. How long in U. S. II of foreign birth?yrsmosds
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED. OR DIVORCED (write the word) Market Color of the word)	21. DATE OF DEATH JUNE 28 (Month) (Day) (Year)
HUSBAND of (or) WIFE of Lewis Muchaelo,	22. I HEREBY CERTIFY. That I attended deceased Iron JUNE 12 ,1935 , to JUNE 18 ,1923
6. DATE OF BIRTH (month, day, and yeer) Warch 13. 1867	I last saw h ER alive on JUNE 28 ,1950; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onset
8. Trade, projession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
	aremia: due to Chronic ogphitis.
SAW MILL, BANK, etc	Avestion on not stated Culty
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME William James, 14. BIRTHPLACE (city or town)	Thirms InifoCardes
(State of country)	Name of operation Date of Date of What test confirmed diagnosis? Wes there an autopsy? he
15. MAIDEN NAME Carsie Cook 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Melvin Victores 1	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Lieus hub, Mar. 18. BURIAL, CREMATION OR REMOVAL. Place It Pauls Wikeslowere July (19 35)	Manner of injury
19. UNDERTAKER R. B. Rawleingo, (Address) Reeus bro. Lend.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILES SELECTION TO 35 S. Mar Princes. Registrar.	(Signed) hab to the M. [(Address) recent or hypery and

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06452
1. PLACE OF DEATH	925)
County Caroline	Registration Dist. No. 64
Village or City Federalsburg, (Out-side)	No
Length of residence in city or town where death occurred_55yrsmos.	death occurred in a hospital of institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Susan A. Pratt,	
(a) Residence: NoFederalsburg, Md.R.F.D. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female, White, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,	21. DATE OF DEATH June IIth., 1935. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Pratt, Decid.	22. I HEREBY CERTIFY, Thet I attended deceased from 1935, to leave 6 1935
6. DATE OF BIRTH (month, day, end yeer) Sept. 6th. 1840	I last saw hold alive on fluxed 8 , 19 33; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	the PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation. Life	descese - With gunal anasavea -
12. BIRTHPLACE (city or town) New York.	Other Contributory Causes of importance: Princery form a Chronice omygeandities, Causes Duration i not states
13. NAME Isaac Hurd,	The state of the s
13. NAME Isaac Hurd, 14. BIRTHPLACE (city or town) (State or country) Conn.	Name of operation Date of What test confirmed diagnosis? Rugar Cul Penthal the Earn europsy? NO
15. MAIDEN NAME Cornelia E. Lewis,	23. If deeth wes due to externel cagses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT C. Authur Pratt, (Address) Federalsburg, Md. R.F.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, Md. June 14", 1935	Manner of injury
19. UNDERTAKER J.T. Framptom & Son. (Address) Federalsburg, Md.	24. Was disease or injury In any way related to occupetion of deceased?
20. FILED June 13", 1905 5. 5. Fram Stong	(Signed) (Signed) MyO.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
OUMPAU V. S					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

A PERMANENT RECORD. Every item of inforshould state of OCCUPA. stated EXACTLY. PHYSICIANS Exact statement properly classified. FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

V. S. No. 1 N. B.—

1 PLACE O		OF MAR	YLAND-	CERTIFICATE	OF DEATH	6454
1. PLACE O						2
	Carolin				Registration Dist. No.	2
Village or C	cityChopt	ank	(1)	No	St.,_ ition, give its NAME instead of street an	Ward
Length of resi	idence in city or town where	death occurrad	yrsmos	ds. How long in U.S. if o	of foreign birth?yrs	.mosds.
2. FULL NA	ME Rebec	ca C. Vo	shell			
(a) Residen	ce: No. Ne	ar Chopt	tank	St., Ward.		
	Company of the compan		the state of the s		If nonresident give city or town a	
3. SEX	AL AND STATIST		RIED, WIDOWED,	21. DATE OF DEATH	ERTIFICATE OF DEATH	
Female	White	OR DIVORCE	D-{write the word)	21. DATE OF BEATH	(Month) (Day)	, 193 (Year)
5a. If married, widow HUSBAND of (or) WiFE of		gle		22. INEREBY	CERTIFY, That I attended	
6. DATE OF BIRTH	(month, day, and yaar)	oril 28-	1875		Jun 15,193	
7. AGE Yaa		Days	If LESS than	to have occurred on the data state		, 00011113 3010
ta	60 1	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT wera as follows:	TH and related causes of importance	
8. Trade, profa	ssion, or particular work done, as SPINNER, BDDKKEEPER, etc	77		Chronic	Intersation	Date of enset
kind of v SAWYER,	BDDKKEEPER, etc.	rarming		ne blu	lis:	192
work was	business in which s dona, as SILK MILL, L, BANK, atc			Thy tocard	ilis	1930
this occu	ed last worked at pation (month and	sper	ime (years) nt in this upation	<i>J</i>		
12. BIRTHPLACE (cit (State or cour		aston t County	7 . Md	Other Contributory Causes of impo	ortance:	
1	Levi Voshel		21200			
14. BIRTHPLACE	(city or town) Do	ver o. Delaw	are		Date of	
					Was there a	
15. MAIDEN NAME Francis Anne Vane 16. BIRTHPLACE (city or town) Symrna (State or country) Kent Co. Del.,				uses (VIOLENCE) fill in also the follow		
17. INFORMANT (Address)	Miss Lyda Choptan	R. Voshe			(Specify city or town, county and S n INDUSTRY, in HOME, or in PUBLIC I	tate) PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Hillsboro, Md. Data 6/17/, 19 35			Mannar of injury			
19. UNDERTAKER (Addrass)	William H	. Hollis			ay ralatad to occupation of daceased?	
20. FILED June	17.19356	no BA	annot ?	(Signed) Lames	B nemas	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 wcek ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA	N

infor- state UPA-		CERTIFICATE OF DEATH
	1. PLACE OF DEATH	<u>(3)</u>
tem of infor should stati		Registration Dist. N
iten sho	Village or City Federalsburg, (II Length of residence in city or town where death occurred yrs mos	No death occurred in a hospital or institution, give its NAME insteadds. How long in U.S. if of foraign birth?yr
RECORD. Every PHYSICIANS Exact statement	2. FULL NAME Stillbarn Wanex, (a) Residence: No. Federal sburg, Md. (Usual place of abode)	St., Ward.
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I
F H	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH June 21st (Month) (Di
BINDING PERMANENT EXACTLY y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	June 2Ist. 1935, to June
BI E E	6. DATE OF BIRTH (month, dey, end year) June 21st. 1935	I last saw h elive on Still-born
FOR I	6. DATE OF BIRTH (month, dey, end year) JUNE 2186. 1935 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abovo, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Impwera as follows:
. 70	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still-born
RV] ould	3 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
ESE INF E sh at it	10. Data deceased last worked at this occupation (month and spent in this	
2 4	ysar) occupation 12. BIRTHPLACE (city or town) Federal aburg, (State or country) Md. 13. NAME John Wanex	Other Contributory Causes of importance:
ARGINFA	置 13. NAME John Wanex	
MA H U suj	14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.	Neme of operation
F 5 2 3		23. If death was dua to external causes (VIOL ENCE) fill in also
VLY, We caref	15. MAIDEN NAME Agnes Hurley 16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.	Accident, suicide, or homicide? Date of in
DEP	17. INFORMANT John Wanex, (Address) Federalsburg, Md.	(Specify city or town, or Specify whether Injury occurred in INDUSTRY, in HOME, or i
		Manner of injury
فِ ا	19. UNDERTAKER J.T. Framptom & Son. (Address) Federalsburg, Md.	24. Was disease or injury in any way related to occupation of o
S. S.	20 FILED June 21" 19 35 Tramston	(Signed) U. S. S.

1. PLACE OF DEATH			.00
County Caroline		Registration Dist. No. 64	
Village or City Federalsburg	(16	NoSt., f death occurred in a hospital or institution, give its NAME instead of street and numds. How long in U.S. if of foraign birth?	
The state of the s		now long in 0, 5, if of foraign birth?yrsmos	ds.
(a) Residence: No. Federalsi (Usual		St., Ward. If nonresident give city or town and Sta	te
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female, White. OR DIV	MARRIED, WIDOWED, DRCED (write the word) Single	21. DATE OF DEATH June 21st., 19 (Month) (Day)	35 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		June 21st. 1935 to June 21st.	eased from
6. DATE OF BIRTH (month, dey, end year) June 2. 7. AGE Years Months Days Still-born 8. Trade, profession, or particular		I last saw h elive onSt1ll-born	eath is seld
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	otal tima (years) spentin this	Still-born	
12. BIRTHPLACE (city or town) Federal sbu (State or country)	occupation	Other Contributory Causes of importance:	
I 13. NAME John Wanex			
14. BIRTHPLACE (city or town) Dorcheste (State or country)	r Co. Md.	Neme of operation Dete of What test confirmed diagnosis? Was there an euto	nsv? Na
15. MAIDEN NAME Agnes Hurl 16. BIRTHPLACE (city or town) Dorcheste (State or country)		23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT John Wanex, (Address) Federalsburg, M		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Place Secretary, Md. Date Ju	ne 21", 19 35	Manner of injury	
19. UNDERTAKER J.T. Framptom & So (Address) Federal sburg, 20. FILED June 21", 19 35		24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	10

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Attack of epilepsy	
	1 week ago
Run over by street car	1 week ago
7 Peritonitis	3 days ago
Other contributory causes of importance:	
	1 year
	27 Peritonitis Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

M.

1. PLACE OF DEATH			757
County Caroline,			Registration Dist. No. 64
Village or City Federal	burg,		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred	O (If	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmos,ds
	Young.		
(a) Residence: No. Fedel	CUsual place		St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male. 4. COLOR OR RACE Colored.		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 2nd., 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Unknow	wn.		22. I HEREBY CERTIFY, That I attended december
6. DATE OF BIRTH (month, day, and year)	About I8	375	l last saw h alive on arrival.
7. AGE Years Months About 60	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at
9. Trade, profession, or particuler kind of work done, as SPINNER, D. SAWYER, BODKKEEPER, etc	ay Labor	rer.	Alcoholism
SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and year)	spa	ime (years) nt in this upation	
12. BIRTHPLACE (city or town) (State or country) North	arolina		Dther Contributory Causes of importance:
🖫 13. NAME Unk	nown		
13. NAME Unk 14. BIRTHPLACE (city or town) (State or country)			Name of operation
	11		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)			23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
	burg. M	d. R.F. 13.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Federalsburg,	Idate June	5",19.35	Manner of injury
19. UNDERTAKER J.T. Frampto (Addiess) Federal	om & Sor sburg, 1		24. Was disease or injury In any way related to occupation of deceased? NO If so, specify
20. FILED June 3", 1935 5.	5. Fra	motom.	(Signed) I. I. Framptom Registrar, M. (Address) Federal & Tury Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis '	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year